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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowards or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Beard and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the dift or bequest.

Reset Form

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FORM-GB

Gift or Bequest information received by a department or accepted by the

Governor on behalf of the state

DEFARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:	
Area Code & Telephone No.	00 E 14th Street, Des Moines. IA 503 ate, Zip Code
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Kovin Heinzeroth, Finance Dire	ctor
Mailing Address (if different from above) Kevin, heinzeroth Diowa, Gov Email Address	City, State, Zip (if different from above) 515 - '725 - 4732 Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BEQUEST:	
Steve PALM Name 4023 Coffage Orcore Des Meiales 5031 Mailing Address City, State, Zip Code	
Mailing Address City, State, Zip Code S/5-253-15/ Z Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*
mail Address (optional)	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Provide a description of the gift or bequest and purpose thereof:	

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



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This report to the Government Oversight Committee. This form is to be receipt of the gift or bequest.	e filed within 20 days of Computer
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:	
Lawa Communications Network	
Name of Department or Office CFFICE Building & City, Mailing Address CFFICE Building City,	100 E 14th Street Das Moines, IA 50
Mailing Address 5 City, 515 - 725 - 4692	State, Zip Code
Area Code & Telephone No.	
L CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Δ	
Kovin Heinzeroth, Finance Dir	ector
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Kevin heinzeroth Dioux Gov	515- 725-47.32
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT OR BEQUEST:	
	a
Name ICN, Grimes State Office Building 400 E. 14th St., Des Moines, IA 502/9 Mailing Address City, State, Zip Code	
Name FCN, Grimes State Office Building	
4mE. 14h St. Dos Maines JA 50219	
Mailing Address City, State, Zip Code	12/22/08 \$ 95
515-725-4707	12/22/08 \$ 95 Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	
·	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	receiving department of office. If no value mark 0.00.
Provide a description of the gift or bequest and purpose thereof:	
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Criteria to use this form:	
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Receipt of any gift or bequest that is received by any department of the state	for received by the Governor on behalf of the state.
tatement of Affirmation:	
Kevin Lainzerottim that the gift or harryest reported shows in	pagingto. I firstly a affirm that the information concerns the days and
ssessment of the fair market value (if applicable) is correct and true to the best	accurate. I further affirm that the information concerning the donor and to fmy knowledge.
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2/ Jansendy	1-12-09
Signature	1-/3-0 9 Date
Signature //	₹Date

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